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## **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))

2		unless it contains a valid OMB control number.							
	Attorney Docket Number	25.0194  H. Steven Bissonnette							
	First Named Inventor								
	COMPLETE IF KNOWN								
	Application Number	10/754,201							
	Filing Date	01/09/2004							
	Art Unit	3672							
	Examiner Name								

	require	u)						
I hereby declare that:		•**						
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.								
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
METHOD AND APPARATUS FOR TREATING A SUBTERREAN FORMATION								
		(Title of the I	nvention)					
the specification of which		(1110 01 110 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
is attached hereto								
OR			_					
was filed on (MM/DD/Y	YYY) (	01/09/2004	as Unit	ted States Ap	plication N	umber or PCT	International	
	754,201	and was amended		· ·			if applicable).	
I hereby state that I have revie amended by any amendment	specifically refe	erred to above.	or the abov	ve identified s	specification	i, including the	e ciaims, as	
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority	benefits unde	r 35 U.S.C. 119(a)-	(d) or (f),	or 365(b) o	f any foreig	n application	(s) for patent,	
inventor's or plant breeder's recountry other than the United								
application for patent, inventor before that of the application of	's or plant bree	eder's rights certifica						
Prior Foreign Application	in which phoney	Foreign Filing	Date	Prio	rity	Certified Co	py Attached?	
Number(s)	Country	(MM/DD/YYY		Not Cla	aimed	Yes Yes	No	
					1			
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Additional foreign applicat	ion numbers ar	re listed on a supple	mental pri	ority data she	et PTO/SB	/02B attached	hereto.	

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This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## **DECLARATION** — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST IN	VENTOR:		Пар	etition	has be	en filed for thi	s unsign	ned inventor
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Inventor's Signature	mil	pm_						Date 24 MA3 2004
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X Additional inventors or a legal re	presentative are bei	ng named on the	es	uppleme	ntal she	et(s) PTO/SB/02A	or 02LR a	attached hereto.



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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_1\_ of \_1

Name of Additional Joint Inventor, if ar	☐ A petition has been filed for this unsigned inventor						
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Inventor's Signature	_	Date					
Residence: City	State		Country	·	Citizenship		
Mailing Address							
: Mailing Address							
City	State		ZIP	1.0	Country		
Name of Additional Joint Inventor, if a	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]	)	Family Name or Surname					
Inventor's Signature					Date		
Residence: City	State	Country			Citizenship		
Mailing Address							
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